

Current major event

Detection and diagnosis of COVID-19: a summary of WHO guidance

WHO Regional Office for the Eastern Mediterranean has provided countries of the Region a summary of guidance documents on testing practices for the detection and diagnosis of COVID-19 infection. In addition to existing WHO interim guidance on laboratory testing, the summary also covered guidance from other reputable public health institutions.

Editorial note

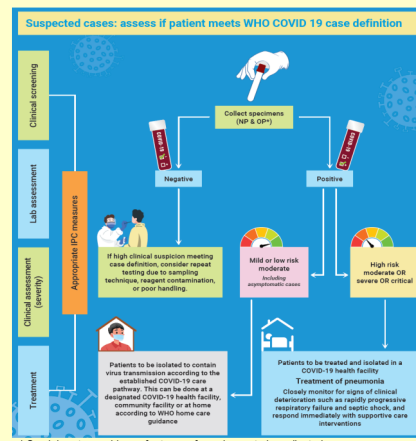
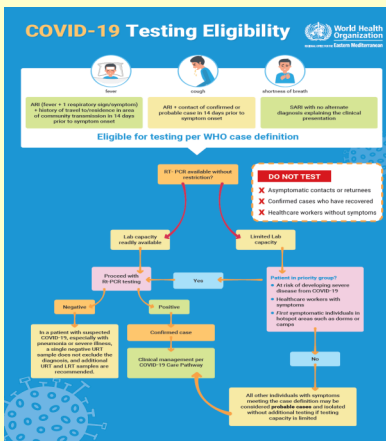
Early diagnostic testing for SARS-CoV-2 is critical for the prompt management of cases and control of the spread of the virus. The objective of COVID-19 testing is to identify individuals with the infection, isolate them, manage their conditions, and undertake rapid contact tracing to reduce the spread of the virus. In situations where testing capacities are sufficient, WHO recommends that all cases meeting the standard case definition for COVID-19 be tested using the nucleic acid amplification test (NAAT). However, if laboratory capacity is limited in areas with community transmission, testing should be prioritized for those who are at risk of developing severe disease, vulnerable populations, those who will require hospitalization and advanced care for COVID-19, symptomatic health workers (including emergency services and non-clinical staff) regardless of whether they are a contact of a confirmed case, and the first symptomatic individuals in a closed setting (e.g. schools, long-term living facilities, prisons, hospitals) to quickly identify outbreaks and ensure containment measures. All other individuals with symptoms related to the closed settings may be considered probable cases and isolated without additional testing.

Some groups may also be excluded from testing, based on newly available data on the risk of viral transmission over the course of the COVID-19 illness. This includes people who are recovering, contacts without symptoms, returnees who have not developed symptoms after 14 days of monitoring, and health care workers without symptoms.

In addition to outlining who should be tested, the document also highlights the types of tests available (detailing the available molecular and serological tests), the updated guidance for specimen collection and shipment, test result interpretation and the mechanism of reporting cases and test results. Key considerations for national laboratory systems, such as quality control and biosafety are also outlined.

The summary also describes indicators that could be consulted while adjusting public health measures and monitoring the evolution of the

Summary algorithm for assessment, diagnosis and treatment of COVID-19



National COVID-19 laboratory tests performed till 11 July 2020, EMR

Countries	Number of tests performed	Countries	Number of tests performed
Afghanistan	79 732	occupied Palestinian territory	133 187
Bahrain	656 659	Oman	235 044
Djibouti	50 542	Pakistan	1 562 638
Egypt	390 024	Qatar	409 199
Iran (Islamic Republic of)	1 947 114	Saudi Arabia	2 226 290
Iraq	671 478	Somalia	7356
Jordan	460 383	Sudan	20 257
Kuwait	429 501	Syrian Arab Republic	4880
Lebanon	171 444	Tunisia	77 593
Libya	38 942	United Arab Emirates	4 130 969
Morocco	864 594	Yemen	4230

outbreak based on the testing that is taking place.

There are many important factors for a country to consider when undertaking a decision regarding the adjustment of public health and social measures which are in place to contain the spread of COVID-19. These factors include whether the outbreak is controlled, the capacities of health systems, and the maintenance of comprehensive surveillance for the disease. There are two indicators from the laboratory aspect that can help to inform these decisions: 1) the positivity percentage, which should show less than 5% positive samples for at least two weeks before adjusting public health and social measures, and 2) tests per 100 000 people, as testing of suspect cases should be on the order of one test per 1000 population per week while setting a comprehensive surveillance system prior to adjusting public health and social measures. Additional information and the full set of indicators to consider prior to adjusting public health measures can be found in the corresponding WHO guidance.

Member States should adapt the recommendations outlined in this guidance based on the national/local epidemiological situation and their resources, ensuring that testing also covers surveillance needs.

Update on outbreaks

in the Eastern Mediterranean Region

COVID-19 in 22 EMR countries

Current public health events of concern [cumulative N° of cases (deaths), CFR %]

Coronavirus disease 2019 (COVID-19): 2019-2020

Afghanistan	[34 451 (1010), 2.9%]
Bahrain	[32 470 (104), 0.3%]
Djibouti	[4968 (56), 1.1%]
Egypt	[81 158 (3769), 4.6%]
Iran (Islamic Republic of)	[255 117 (12 635), 5%]
Iraq	[75 194 (3055), 4.1%]
Jordan	[1021 (10), 1%]
Kuwait	[54 058 (386), 0.7%]
Lebanon	[2168 (36), 1.7%]
Libya	[1389 (38), 2.7%]
Morocco	[15 542 (245), 1.6%]
occupied Palestinian territory (oPt)	[6688 (32), 0.5%]
Oman	[54 697 (248), 0.5%]
Pakistan	[248 872 (5197), 2.1%]
Qatar	[103 128 (146), 0.1%]
Saudi Arabia	[229 480 (2181), 1%]
Somalia	[3051 (92), 3%]
Sudan	[10 250 (650), 6.3%]
Syrian Arab Republic	[394 (16), 4.1%]
Tunisia	[1245 (50), 4%]
United Arab Emirates	[54 453 (331), 0.6%]
Yemen	[1389 (365), 26.3%]